

# FIBROID TUMORS OF THE UTERUS

(Myomas; Leiomyomas)



## BASIC INFORMATION

### DESCRIPTION

• Abnormal growth of cells in the muscular wall (myometrium) of the uterus. The term “fibroids” is misleading. The cells are not fibrous; they are composed of abnormal muscle cells. Uterine fibroids are common and usually benign (not cancerous).

• There are 3 major types of fibroids (determined by location in the uterus): Subserous appear on the outside of the uterus, intramural are confined to the wall of the uterus, and submucous appear inside the uterus. Rarely, fibroids can involve the cervix.

### FREQUENT SIGNS AND SYMPTOMS

- No symptoms (often). May be discovered on pelvic examination.
- Menstruation is more frequent, possibly with heavy bleeding, occasionally with large clots and discomfort.
- Bleeding between periods.
- Feelings of pressure on the urinary bladder or rectum.
- Anemia (weakness, fatigue and paleness).
- Increased vaginal discharge (rare).
- Painful sexual intercourse or bleeding after intercourse.

### CAUSES

Exact cause is unknown. Estrogen is required for the stimulation and growth of fibroid tumors, as they are rare in prepubertal girls or menopausal women.

### RISK INCREASES WITH

- Use of oral contraceptives and estrogen replacement therapy as these may cause excessive growth of fibroids.
- Genetic factors. Fibroid tumors are 3 to 5 times more common in black women than in white women.

### PREVENTIVE MEASURES

Cannot be prevented at present, but avoiding the use of female hormones may decrease the risk of growth of fibroids.

### EXPECTED OUTCOMES

- If surgery is not necessary prior to menopause, these tumors usually decrease in size without treatment after menopause.
- Hospitalization, if surgery is necessary. Fibroids are generally removed surgically when they cause excessive bleeding, produce symptoms that interfere with conception or pregnancy, or if they become malignant (rare).
- Fibroids can often be removed surgically without removing the entire uterus (myomectomy). The ability to conceive continues as long as the uterus remains.

### POSSIBLE COMPLICATIONS

- Heavy bleeding and anemia.
- Complications can occur in pregnancy such as spontaneous abortion (usually associated with the submucous fibroid type), or premature labor (usually associated with large fibroids), and placental separation (abruption) may occur when the placenta overlies the fibroid. With a large fibroid, fetal growth may be at risk because blood flow is diverted from the fetus to the fibroid.

- Fibroids may return following surgery to remove them.
- Malignant change in the fibroid tumor (occurs in less than 0.5%). This rare complication is usually signaled by very rapid growth.
- Fibroids may return following surgery to remove them.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies; ultrasound; laparoscopy (exploratory examination of the organs inside the abdominal cavity with a laparoscope, an optical instrument with a lighted tip); or hysterosalpingogram (studying the uterus and fallopian tubes by injecting material into the uterus that X-rays can detect).
- Treatment will be individualized depending on symptoms and diagnostic tests.
- For minimal symptoms, no treatment may be needed and you will be re-examined in 6 to 12 months.
- Surgery may be recommended for certain situations, and several different surgical procedures are possible. If surgery is recommended, be sure you understand all aspects of it before making a decision.
- Record dates of bleeding and number of pads used each day.

### MEDICATIONS

- The estrogen in low-dose oral contraceptive pills does not represent a significant risk. High-dose estrogen may cause fibroids to enlarge. If necessary, consider other forms of contraception, such as a diaphragm, cervical cap, intrauterine device (IUD), condom, or a contraceptive foam or jelly.
- Progestin supplementation may be recommended to help minimize uterine bleeding.
- Use nonsteroidal anti-inflammatory drugs (NSAIDs) for pain.
- Iron supplements if you are anemic from excessive blood loss.
- A gonadotropin-releasing hormone may be prescribed. It will induce an abrupt, artificial menopause that will stop the bleeding and reduce the size of the fibroid. It should not be used for longer than 6 months.

### ACTIVITY

No restrictions unless surgery is performed. Then you may need bed rest for a period of time, some restricted activity, and no sexual intercourse for approximately one month.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of a fibroid tumor.
- Fibroid tumors have been diagnosed, and symptoms become more severe.
- You saturate a pad or tampon more often than once an hour.